

## KARTA ZNIECZULENIA

|                                                                                                                                        |  |                        |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|-----------------|--|------------|--|-----|--|--|--|--|--|-------|--|------------------------|--|-------------------|--|--|--|--|--|--|--|
| PREMEDYKACJA                                                                                                                           |  | Data znieczulenia:     |  | Nazwisko i imię |  |            |  |     |  |  |  |  |  | ASA   |  | Identyfikacja chorego  |  |                   |  |  |  |  |  |  |  |
|                                                                                                                                        |  | Rozpoznanie kliniczne: |  |                 |  |            |  |     |  |  |  |  |  | PESEL |  |                        |  | Alergie           |  |  |  |  |  |  |  |
|                                                                                                                                        |  |                        |  | Nr ks. Głównej  |  | Grupa krwi |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
|                                                                                                                                        |  |                        |  | Waga            |  | Hb         |  | Hct |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
| RR                                                                                                                                     |  | Kreatynina             |  | K               |  | Na         |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
| Wieczorem:                                                                                                                             |  | p.o.<br>i.m.<br>i.v.   |  | Operacja:       |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
| W dzień operacji:                                                                                                                      |  |                        |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
| Godz.                                                                                                                                  |  |                        |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
| LEGENDA:<br>In - ekstubacja T, Początek - koniec zn. X, Początek - koniec op. ☺, odd. własny +++, odd. kontrolowany /MM, RR V, Tętno • |  | Intubacja:             |  | Lek / godzina   |  |            |  |     |  |  |  |  |  |       |  | RAZEM                  |  | UWAGI OPERACYJNE: |  |  |  |  |  |  |  |
|                                                                                                                                        |  | Zn. przewodowe:        |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
|                                                                                                                                        |  | Wklucie centralne:     |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
|                                                                                                                                        |  | Linia tętnicza:        |  | Zn. przew.      |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
|                                                                                                                                        |  | Ułożenie:              |  | ....%           |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
|                                                                                                                                        |  | Aparat:                |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
|                                                                                                                                        |  | Sala operacyjna:       |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
|                                                                                                                                        |  | Operator:              |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
|                                                                                                                                        |  | Anestezjolog:          |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
|                                                                                                                                        |  | Pielęgniarka:          |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
| BILANS PŁYNÓW                                                                                                                          |  | sat O <sub>2</sub>     |  |                 |  |            |  |     |  |  |  |  |  |       |  | ZLECENIA POOPERACYJNE: |  |                   |  |  |  |  |  |  |  |
| Krystaloidy _____ ml                                                                                                                   |  | et CO <sub>2</sub>     |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
| Koloidy _____ ml                                                                                                                       |  | Diureza                |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
| Krew _____ ml                                                                                                                          |  | OCŻ                    |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |
| Utrata krwi:                                                                                                                           |  |                        |  |                 |  |            |  |     |  |  |  |  |  |       |  |                        |  |                   |  |  |  |  |  |  |  |